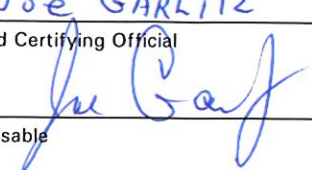


Fixed 5/5/97

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to which Report is Submitted U.S. Dept. of Justice Office of Justice Programs		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 95-CF-WX-1412		OMB Approval No. 0348-0039	Page 1 of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) H3 Elgin City Police Department PO Box 128 Elgin, OR 97827-0000					
4. Employer Identification Number 936002155		5. Recipient Account Number or Identifying Number OR 03102 F		6. Final Report ☐ Yes ☒ No	
7. Basis ☒ Cash ☐ Accrual					
8. Funding/Grant Period(See Instructions) From: (Month, Day, Year) 03/01/95		To: (Month, Day, Year) 02/28/98		9. Period Covered by this Report From: (Month, Day, Year) 01/01/97	
To: (Month, Day, Year) 03/31/97					
10. Transactions:		I Previously Reported 12/31/96	II This Period	III Cumulative	
a. Total outlays		52,606.00	8,493-	61,099	
b. Recipient share of outlays		4,945.00	1,673	6,618	
c. Federal share of outlays		47,661.00	6,820	54,481	
d. Total unliquidated obligations		***	***		
e. Recipient share of unliquidated obligations		FOR	FOR		
f. Federal share of unliquidated obligations		OJP	OJP		
g. Total Federal share (Sum of lines c and f)		USE	USE	54,481	
h. Total Federal funds authorized for this funding period		ONLY	ONLY	69,701.00	
i. Unobligated balance of Federal funds (Line h minus line g)		***	***	15,220	
11. Indirect Expense					
a. Type of Rate(Place "X" in appropriate box) ☐ Provisional ☐ Predetermined ☐ Final ☐ Fixed					
b. Rate		c. Base		d. Total Amount	
e. Federal Share					
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
A. Block/Formula passthrough \$ B. Federal Funds Subgranted \$		PROGRAM INCOME: C. Forfeit \$ D. Other \$ E. Expended \$ F. Unexpended \$			
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title Joe GARLITZ Recorder				Telephone (Area code, number and extension) 541 437-2253	
Signature of Authorized Certifying Official 				Date Report Submitted May 5, 1997	

Wage

Jan Feb March 97 Indog 2nd year

	Jan	Feb	March
Salary	2305.33 1927.80	1860.86	1994.24
FICA	142.93	115.37	123.67
Med C	33.43	26.98	28.72
PERS	138.32	111.65	119.68
Med insurance	366.25	366.25	366.25
Work Comp 5%	115.27	93.04	99.74
Unemp 3%	69.16	55.83	59.84
Totals	3,170.69	2,529.98	2,792.84
		8,493.51	